Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1228003

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:					
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
	Elevation: Ground: Kelly Bushing:				
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:				
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Citin (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
	If yes, show depth set: Feet				
If Workover/Re-entry: Old Well Info as follows:					
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West				
Recompletion Date Recompletion Date	County: Permit #:				

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

	Page Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional She	I Stem Tests Taken Yes No (Attach Additional Sheets)			-	on (Top), Depth ar	Sample	
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c			ion etc		
	Size Hole	Size Casing	Weight	Setting	Type of	# Sacks	Type and Percent
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
		ADDITIONAL	. CEMENTING / SQL	EEZE RECORD			

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

No

(If No, skip questions 2 and 3)

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

otal base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ng treatment information submitted to the chemical disclosure registry?	Yes Yes	No No	(If No, skip question 3) (If No, fill out Page Three of the ACC	D-1)
PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid,	,	ot, Cement Squeeze Record d Kind of Material Used)	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated)e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R		No	
Date of First, Resumed	Product	ion, SWD or ENH	٦.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DIODOOITI		240			METHOD					
DISPOSITIO		Used on Lease		Open Hole	Perf.	OF COMPLE	Comp.	Commingled (Submit ACO-4)		TVAL:
(in venice, oue				Other (Specify)						

		[DRILLE	RS LO	OG						
API NO: 15 - 031 -	23983 - 00 - 00		_			-	S. 14	T. 22	R. 16	<u>E.</u>	W.
OPERATOR: ALTAVIST	A ENERGY INC						L	OCATION:	SW NW	SW NW	
				000				COUNTY	: COFFEY		
ADDRESS: 4595 K-33						•		ELEV. GR.: DF:	1036	KB:	
WELL #:22	LEA	SE NAME:	MARJOR	E CROTT	S	•					
FOOTAGE LOCATION:	3465 FEET	FROM	(N)	<u>(S)</u>	LINE	5115	FEET	FROM	<u>(E)</u>	(W)	LINE
CONTRACTOR:	FINNEY DRILLING (COMPANY				GEO	DLOGIST:	DOUG E	VANS		
SPUD DATE:	9/15/2014	_				ΤΟΤΑ	L DEPTH:	1123		P.B.T.D.	
DATE COMPLETED:	9/16/2014	_				OIL PUF	CHASER:	COFFEYVIL	LE RESOURC	ES CRUDE T	RANSPORTA
			ASING								
REPORT OF ALL STR		NTERMEDI	ATE, PROD		29 - 2002-1	TYPE		r			-
PURPOSE OF STRING	DRILLED O	0.D.) 7	LBS/FT		G DEPTH	TYPE CEMENT	SACKS		AND % ADD	Survey and the second	
PRODUCTION:		50 8rd	19 6.5		2.95 05.28	OWC	57 139		COMPANY		-
			WELL L	OG							
CORES: 1	¥1 - 1010 - 1028						4 5 6 4 7				
RECOVERED:			- %			RAN:	1 - FLOAT 1 - BAFFL				
ACTUAL CORING TIME:							1 - SEATIN 1 - COLLA	NG NIPPLE R			
							3 - CENTR 1 - CLAMF				
FO	RMATION	TOP	BOTTOM	1	FC	ORMATIC		TOP	BOTTON		
TOP SOIL		0	3		CAP LIME			1007	1008	1	
SAND & GR	AVEL	3 25	25 32		SHALE CAP LIME			1008 1011	1011 1011.5		
LIME		32	33 214		SAND & SH OIL SAND	HALE OIL		1011.5 1017	1017 1021		
LIME		214	273		SAND & SH			1021	1021		
SHALE		273	361 384		SAND & SH	IALE		1022.5	1056		
SHALE		384	388		SAND & SH	IALE		1056 1058	1058 1123 T.D.		
		388	394								
SHALE	, t	394 417	417 482								
SHALE		482	489								
LIME RED BED		489	492								
SHALE		492 501	501 512								
SHALE & LI	ME & SAND	512	535								
KC LIME SHALE		535	601								
KC LIME		601 605	605 625								
SHALE		625	629								
KC LIME SHALE		629	642								
LIME		642 644	644 648								
BIG SHALE		648	807								
LIME		807 810	810								
LIME		810	827 835								
SAND & SHA		835	843								
LIME SAND		843	848								
SAND & SHA LIME	ALE	848 891	891	-							
SAND & SHA	ALE	898	898 918	ŀ		1.0.0					
LIME		918	920	ŀ							
SAND & SHA	ALE	920	937	1							
LIME SAND & SHA	N F	937 941	<u>941</u> 961	ŀ							
LIME	11-1-1-1	941	961	ŀ							
SAND & SHA	LE	965	972	ŀ							
LIME SAND & SHA		972	976	ļ							
SAND & SHA		976	1007	ŀ							
L											

CONSOLIE Oil Well Servi	Concolidated Oil Ma	ll Services, LLC 70 1346	Chanu 620/431-9210 • 1-	AIN OFFICE P.O. Box 884 ute, KS 66720 800/467-8676 620/431-0012	
INVOICE			Invoice #		
Invoice Date: 09/19,	/2014 Terms: 0/30/10,n/			age 1	
ALTAVISTA ENERGY INC M. CROTTS #22 4595 K-33 HIGHWAY 48202 P.O. BOX 128 NW14-22-16 WELLSVILLE KS 66092 9-15-14 (785)883-4057 KS					
1124 1118B 1111	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE SODIUM CHLORIDE (GRANULA KOL SEAL (50# BAG)	35.00 59.00		402.50	
	Description CEMENT EQUIPMENT DISCOUN	г		Total -156.75	
Description 495 CEMENT PUMP (SU 495 EQUIPMENT MILEA 495 CASING FOOTAGE 503 TON MILEAGE DEL 675 80 BBL VACUUM T	Hours 1.00 1.00 43.00 73.24 1.50	.00	Total 870.00 .00 .00 103.27 150.00		

Amount Due 1677.90 if paid after 09/29/2014

========	=========		==========	==========	============		
Parts:	522.50	Freight:	.00	Tax:	22.49	AR	1511.51
Labor:	.00	Misc:	.00	Total:	1511.51		
Sublt:	-156.75	Supplies:	.00	Change:	.00		
=========	==========	=======================================		==========	==========		================

Signed

BARTLESVILLE, OK 918/338-0808

EL DORADO, KS 316/322-7022

EUREKA, KS 620/583-7664

PONCA CITY, OK 580/762-2303

OAKLEY, KS 785/672-8822

OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

Date

GILLETTE, WY 307/686-4914

CUSHING, OK 918/225-2650

R	CONSOLIDATED
	Oil Well Services, LLC

271180

TICKET NUM	IBER	48202
LOCATION_	Ottaw	ia KS
FOREMAN_	Fred	Mader

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

20 FIELD TICKET & TREATMENT REPORT CEMENT

r				CEMEN					
DATE	CUSTOMER #	WELL NAME & NUMBER			SECT	ION	TOWNSHIP	RANGE	COUNTY
9-15-14	3244	M. Cro	ths # 2	2	NW	14	22	16	C/F
CUSTOMER					Repair				
A140	uista E	rerom I	ne] [TRUC	CK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	SS	15			712		Fremad		
P.O.	Box 1	28			- 49		HarBee		
CITY		STATE	ZIP CODE	1 1					· · · · · · · · · · · · · · · · · · ·
Wells		KS	66092		67.	-	KiDet		
		140		l [59	3	TIO HOV		
JOB TYPE So	vface,	HOLE SIZE	12/4	HOLE DEPTH	43		CASING SIZE & W	EIGHT 7"	
CASING DEPTH	43	DRILL PIPE		TUBING				OTHER	
SLURRY WEIGH	SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING /0'+								
DISPLACEMENT	1.75BBC	DISPLACEMENT	'PSI	MIX PSI			RATE SBAN	1	
REMARKS:	of area	safety	maxim	g. Est	oblis	hc	iverlation		H
Casing. Mix + Pulmp 35 5Ks 50/50 Por Mix Coment 270 Gel									
5%	Saft 5	# KolS.	pal / 2/4	. Cem	ont	La	Surface	· · · · ·	
n	Easing	clean	w/ 1	75 BB	~	cst	Water	Churt	5
Casi	0 ⁴					<u> </u>	- QUIEF	- Onor	in
	7	18	M . 1						

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	/	PUMP CHARGE Surface Comment 495		870 - 1
5406		MILEAGE		N/C .
5402	43'	Casing Footage		NIC
5407A	73.24	Ton Miles 503		10327
55020	12 hr	80 BBL Vac Truck 675		15000
1124	ZESKS	50/50 Por Mix Cement	40250	·
111FB	59#	Premium Gel	12 98 .	/
1111	68#	Grandaled Salt	21.52	
IIIOA	1754	Kol Scal	80.500	/
		Material 52.50	62250	
		Less 30% 156.754	=18675	
		Total		4305
				365.75
		(2290)		
		(le/		249 .
n 3737		6.15%	SALES TAX	1-2680

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

CONSOLI Oil Well Serv	sector of the sector of the	REAUT Consolidated Oil We Dept. 9 P.O. Box Houston, TX 7	ell Services, LLC 170 4346	MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012			
INVOICE ====================================				Invoice #			
Invoice Date: 09/22		Cerms: 0/30/10,n/	/30	============== P	======== age 1		
ALTAVISTA ENERGY INC M. CROTTS #22 4595 K-33 HIGHWAY 48207 P.O. BOX 128 NW14-22-16 WELLSVILLE KS 66092 9-17-14 (785)883-4057 KS							
					========		
Part Number 1124 1118B 1111 1110A 4402	PREMIUM SODIUM C KOL SEAL	ion Z CEMENT MIX GEL / BENTONITE HLORIDE (GRANULA (50# BAG) UBBER PLUG	148.00 349.00	.3900.4600	Total 1702.00 76.78 111.54 340.40 29.50		
Sublet Performed 9996–120	Descript CEMENT M	ion ATERIAL DISCOUNT			Total -669.20		
Description 495 CEMENT PUMP 495 EQUIPMENT MILE 495 CASING FOOTAGE 548 TON MILEAGE DE 675 80 BBL VACUUM	LIVERY		Hours 1.00 45.00 1105.00 309.69 2.00		Total 1085.00 189.00 .00 436.66 200.00		

Amount Due 4309.87 if paid after 10/02/2014

========	===========		========		===========	======:	
Parts:	2260.22	Freight:	.00	Tax:	97.83	AR	3599.51
Labor:	.00	Misc:	.00	Total:	3599.51		0000101
Sublt:	-669.20	Supplies:	.00	Change:	.00		
========	=============		=========		===========		

Signed

BARTLESVILLE, OK 918/338-0808

EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664

PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822

OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269

Date

GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650

CONSOLIDATED
Oli Well Berviews, LLC

271205

TICKET NUMBER <u>48207</u> LOCATION Ottawa KS FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBE		BER	SECT	ION	TOWNSHIP	RANGE	COUNTY
9.17.14	3244	m. C.o.	1+s #	22	NW	14	22	16	CF
CUSTOMER						1. HIBERT			
Alte	ENISTA E	nergy I	inc		TRUC	CK#	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ESS	10			71	2	FreMad		
P.O.	Box	128			49	5	Har Bec		
CITY		STATE	ZIP CODE		67	5	Kibet	· · · · · · · · · · · · · · · · · · ·	
Wellsu			66092		4ې	8	Dam Wha		
JOB TYPE LONG STOME HOLE SIZE 578 HO				HOLE DEPTH	112	3.65	CASING SIZE & W	EIGHT 278	
CASING DEPTH	1105.29		afflein.		10	15.2	8	OTHER	
SLURRY WEIGH	łT	SLURRY VOL_		WATER gal/s	k		CEMENT LEFT in	CASING 30	+ DIV9
DISPLACEMEN	1 6.25BA		T PSI	MIX PSI			RATE 5BP	21	X
REMARKS: H	old are	w safe	Ly meet?	ng. Es	tablis	h C	iveulation	n. Mixy	Pump
REMARKS: Hold arew safety meeting. Establish Circulation. Mix+ Pump 100# Gel Fluch. Mix + Pump 148 SKS 50/50 Poz Mix Cement									
2% Gel 5% Salt 5# Kol Seal/sk. Cement to Surface, Flush									
pump + l'aveclean. Displace \$1/2" Rubber plug to so baffle in									
cague, Pressure to 800 "PSI. Release pressure to set float						at			
- a strang						1	100	12	

Shut in casing Value. Ful Made Finney Drilling ACCOUNT UNIT PRICE TOTAL QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT CODE 08500 495 PUMP CHARGE 540 (1 189 00 495 MILEAGE 5406 45mi N/e Casing Foo hage 5402 1105 Ton Miles 43660 548 309.69 5407A 20000 80 BBL Var 675 5502C 2hrs. Truck O_ Cement 1702 1124 148 sks 50 7628 349# rembin (al 11180 286# 54 Salt rand 1111 740# 40 Kol Scal 340 1110A 22302 Naterial 66920 30% Less 156152 ta 2950 23 4402 1 0 309 们们 PARTI 27 W BELLEN 63 \$ 15% SALES TAX ESTIMATED Ravin 3737 OK'd J. Green 51 TOTAL 5:4 AUTHORIZTION No Co Ropon TITLE DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.